PLEASE READ THE INSTRUCTIONS!



Please return this application to:

Sgt. Barry Dufek Employment Services Section Loudoun County Sheriff's Office 803 Sycolin Road SE Leesburg, VA 20175 (703) 777-0407

LOUDOUN COUNTY SHERIFF'S OFFICE CHAPLAIN APPLICATION

The purpose of this questionnaire is to determine if you meet the standards established by the Loudoun County Sheriff's Office. False or misleading information will disqualify you from further consideration. A polygraph examination will be administered as required. Please use the comments section or add additional pages to this form if you need to more fully explain any areas. DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so). GENDER, HEIGHT AND WEIGHT PERTAIN ONLY TO THOSE APPLYING FOR SWORN POSITIONS INCLUDING FIELD, CORRECTIONAL AND COURT DEPUTIES. IF YOU FAIL TO COMPLETE ANY SECTION, NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION. Thank you for your cooperation.

Name:			
LAST	FIRST	MIDDLE	
Address:			
Telephone: (home)	(work)	(cell#)	
DOB:	SSN	Male Female	
U.S. Citizen.			
High School Diploma	YES NO		
GED	YES NO		
Position Applied For: Cha	aplain E-mail Address:		
Present Occupation :			
Experience in Law Enfor	<u>cement / Corrections / Di</u>	spatcherYES	NO
		Years Service:	
Reason for Leaving: (if ap	plicable)		
Military Experience		YES	NO
Discharge: Honorable	General Dishonoral	ble Date	
Any Court Martial / Article	e 15 Proceedings / Other di	scipline?YES	NO
•		•	
College Degree (Major an	d type of degree)		
Driving History			
Current Drivers License (s	tate)	Ever held out of state license?YES	NO
Ever suspended or revoked	1?	YES	NO
If so, when, where and for	what reason		
List all traffic charges tick	rets summons' etc regard	less of final disposition for your entire driving histo	orv.
Date (year only):Ch) :
		Disposition:	
	arge:	•	
Location:			
	arge:	•	
Location:	•	Disposition:	
Date (year only):Ch			
Location:	•	Disposition:	
Date (year only):Ch			
Location:		Disposition:	

DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so)

Date: Charge: Location: Disposition: YES NC Date: Charged with a criminal offense? YES NC Date: Charge: Disposition: Date of first use Date of last use Comments Marijuana Cocaine/Crack LSD Mushrooms PCP Speed Steroids Other Do vou have any body art? (Tattoos, piercings, brandings) () NO () YES If Yes, provide: Size Location Description Size Location				YES	NO
Ever charged with a drunk driving related offense? Date: Charge: Disposition:					
Date: Charge: Disposition: Ever charged with a criminal offense?	Disposition:				
Ever charged with a criminal oriense	Ever charged wit	th a drunk driving related	<u>offense</u> ?	YES	NO
Ever charged with a criminal oriense?	Date:C	Charge:			
Ever charged with a criminal oriense	Location:		Disposition	1:	
Location: Disposition: Drug Use: Date of first use Date of last use Comments Marijuana Cocaine/Crack LSD Mushrooms PCP Speed Steroids Other Do you have any body art? (Tattoos, piercings, brandings) () NO () YES If Yes, provide: Size Location Description Size Location Descri	Ever charged wit	th a criminal offense?		YES	NO
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Date:Circumstances:					
Ever brought suit against another?					NO
Date:Circumstances:					
Ever declared bankruptcy?					NO
Ever declared bankruptcy?	Date:	Circumstances:			
Ever had judgments placed against you?	Ever declared ban	ıkruptcy?		YES	NO
Ever had judgments placed against you?	Date:	Circumstances:			
Date:Circumstances:	Ever had judgmer	nts placed against you?		YES	NO
Ever have any debts go to collection?					
Date:Circumstances:	Ever have any del	ots go to collection?		YES	NO
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Revised 01/2015